REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18369
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon Registration District No. 359
(b) Township Weaubleau Primary Registration District No. 4212 Registered No. 5
(c) City Weaubleau (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Adkins Cook
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 6, 1856
7. AGE: Years 81 Months 9 Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER
13. NAME: David Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs Oliver Blackwell
(ADDRESS) Weaubleau, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pine Tree Cem DATE 6/7 1938

19. FUNERAL DIRECTOR (NAME) J R Luckey
(ADDRESS) Wheatland, Mo

20. FILED 6/9 1938 Tera Burns
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1938, to June 5th, 1938
I last saw h alive on June 5th, 1938. Death is said to have occurred on the date stated above, at 1:00 a m.
The principal cause of death and related causes of importance were as follows:

C V Stroke

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation: None Date of: —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify
(Signed) W. H. Lamy, M. D.
(Address) Wheatland Missouri

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

..... J R Luckey ....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J R Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.